

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to community mental health centers

The Human Services Department hereby amends Chapter 24, “Accreditation of Providers of Services to Persons with Mental Illness, Intellectual Disabilities, or Developmental Disabilities,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code sections 230A.101 and 230A.105.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 230A.

Purpose and Summary

The purpose of these amendments is to establish a set of standards to be met by all designated community mental health centers (CMHCs). These amendments also define the process that the Department will use to designate at least one CMHC for addressing the mental health needs of the county or counties comprising a catchment area in accordance with Iowa Code chapter 230A, identify the target populations and core services to be served by CMHCs, and identify a formal accreditation review process for CMHCs.

These amendments update language in Division I to reflect current practices and add a new Division III specific to CMHCs.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 23, 2022, as **ARC 6211C**. The Department received 14 comments from four respondents on the proposed amendments. The comments and corresponding responses from the Department are divided into five topic areas as follows:

Standards for Services—Performance Indicators

Comment 1: One respondent commented that paragraph 24.4(14)“b” should be revised to provide for better clarity and understanding of intent.

Response 1: The Department’s intention in proposing these changes is to align with other accreditation, oversight, and funding entities that require a distinct treatment plan. No changes have been made based on this comment.

Comment 2: Regarding performance indicators in paragraph 24.4(14)“b,” two respondents suggested that stricken subparagraph 24.4(14)“b”(5) should be reinstated. The respondents commented that retaining the subparagraph would clarify that a distinct service plan document is optional as service plan documentation, would enable flexibility as to where the contents are located or documented and in what form (whether a distinct separate document or incorporated otherwise), and would provide flexibility that would be particularly helpful for outpatient psychotherapy and counseling services for which this is a new requirement.

Response 2: The Department’s intention in proposing these changes is to align with other accreditation, oversight, and funding entities that require a distinct treatment plan. No changes have been made based on this comment.

Accreditation

Comment 1: Two respondents commented that for the CMHC designation in subrule 24.51(3), applicants should not be restricted to those CMHCs with a three-year accreditation and, as such, subparagraph 24.51(3)“a”(2) should be removed. The respondents stated that it is unclear if the Department intends to exclude the CMHC designation for organizations on an initial 270-day accreditation, one-year accreditation, and probational 180-day accreditation as found in subrule 24.5(5) and stated that by limiting this designation to those who have a three-year accreditation, there could be major disruption to the State’s community mental health infrastructure.

Response 1: It is the Department’s intention that an applicant for designation as a CMHC under subrule 24.51(3) shall have a three-year accreditation in outpatient psychotherapy and evaluation. A three-year accreditation ensures that the provider’s accreditation to deliver outpatient psychotherapy and evaluation services has been reviewed and is in substantial compliance with accreditation standards. No changes have been made based on this comment.

Community Support Services (CSS) in General

Comment 1: One respondent commented that in regard to subrule 24.54(5) pertaining to CSS, the service and standards outlined in subrule 24.54(5) may be provided by the agency through a variety of funding mechanisms and may or may not include the CSS as identified by Iowa Medicaid and related managed care organizations (MCOs), such as, but not limited to, federal grant moneys, such as certified community behavioral health clinics (CCBHC).

Response 1: In accordance with Iowa Code section 230A.106(2)“e,” CSS is a required core service to be offered by a CMHC. The Iowa Code requires the Department to implement rules for the core services listed. No changes have been made based on this comment.

Comment 2: Two respondents commented that subrule 24.54(5) sets forth requirements for CSS and requires clarifications, particularly clarifications for CSS educational requirements. Noting that numbered paragraph 24.54(5)“b”(1)“3” requires that qualifications for CSS staff include a “bachelor’s degree with 30 semester hours or equivalent quarter hours in a human services field, including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy,” the respondents stated that this educational requirement was not present for supported community living (SCL) providers and that it is unclear why CSS providers would have this heightened educational requirement. The respondents requested the proposed numbered paragraph 24.54(5)“b”(1)“3” setting forth heightened educational attainment for CSS be removed from the rules and stated that they question the “need to artificially increase minimum requirements for staff, which could exacerbate workforce shortages and further limit services available to the community.”

Response 2: The advisory stakeholder group that assisted with drafting these CMHC rules recommended qualifications to include a bachelor’s degree to be consistent with MCO requirements. CSS and SCL are not equivalent services. No changes have been made based on this comment.

CSS—Functional Impairment Language

Comment 1: One respondent requested revisions to the definition of “community support services” in rule 441—24.50(230A). The respondent stated that the CSS worker goes into the homes and upon seeing evidence of functional deficiencies can integrate these deficiencies into the treatment plan and that, as such, the use of the word “impairment” is more restrictive upon this role and potentially could be argued to fall outside the scope of practice for a CSS. The respondent suggested the following change to the introductory paragraph of the definition and elsewhere within this rule when in reference to CSS: Replacement of the words “and functional impairment” with the words “based upon their functional assessment.” The definition’s introductory paragraph would then read:

“‘Community support services’ or ‘CSS’ means services that support individuals with a mental illness based upon their functional assessment to live and work in the community of their choice through assisting with:”

Response 1: The rules do not require the CSS provider to determine the individual’s functional impairment or complete a functional assessment. The scope of the CSS provider’s role is identified in subparagraph 24.54(5)“b”(2) and includes monitoring of mental health symptoms and communication with other providers. Determination of diagnosis and functional impairments is completed by a qualified

mental health professional. The Department has added a definition of “functional impairment” to rule 441—24.50(230A). No other changes have been made based on this comment.

Comment 2: One respondent commented that the introductory paragraph of subrule 24.54(5) should be changed to read as follows (the words “and functional impairments” are replaced with “based upon their functional impairment”):

“**24.54(5) Community support services (CSS).** The purpose of CSS is to support individuals as they live and work in the community and address mental health symptoms based upon their functional assessment that negatively affect integration and stability in the community.”

Response 2: To be eligible for CSS, an individual is required to have a diagnosis of a mental illness and identified functional impairment completed by a qualified mental health professional. The Department has added a definition of “functional impairment.” No other changes have been made based on this comment.

Comment 3: One respondent commented that the performance benchmark in subparagraph 24.54(5)“a”(2) should be changed to read as follows (the words “and functional impairment” are removed):

“(2) CSS is provided to individuals in the target population with mental illness.”

Response 3: To be eligible for CSS, an individual is required to have a diagnosis of a mental illness and identified functional impairment completed by a qualified mental health professional. The Department has added a definition for “functional impairment.” No other changes have been made based on this comment.

Comment 4: Two respondents commented that subrule 24.54(5) sets forth requirements for CSS and requires clarification regarding functional impairment determination. The respondents stated that “functional impairment” is an undefined term, which creates uncertainty in interpretation. They recommended that functional impairments referenced in subrule 24.54(5) either be defined or included within a clarifying statement to authorize trained CSS staff to make this determination as opposed to requiring an assessment done by another provider, which they said may limit services available to the community.

Response 4: The Department agrees and has added a definition of “functional impairment” to rule 441—24.50(230A). The definition reads as follows:

“*Functional impairment,*’ for the purpose of this division, means difficulties that substantially interfere with or limit functioning in one or more major life activities, such as basic daily living (including but not limited to eating, bathing, dressing); instrumental living skills (including but not limited to maintaining a household, managing money, community involvement, taking prescribed medication); and functioning in social, family, vocational and educational contexts.”

CMHC Core Services—Unfunded Mandate

Comment 1: One respondent commented that admission screening for voluntary patients to a state mental health institute in subrule 24.54(4), consultation services in subrule 24.54(6), education services in subrule 24.54(7), and coordination with unaffiliated agencies in subrule 24.54(8) are important services that could be performed by the CMHCs, but that each service also represents an unfunded mandate. The respondent stated that the inclusion as required core services and supports without funding or a payor source for the services adds an additional financial burden upon the CMHCs and that such a mandate should also include a source of payment for the services.

Response 1: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 2: Two respondents commented that subrule 24.54(4) requires “admission screening for voluntary patients to a state mental health institute.” The respondents stated that this includes both screening and evaluation to individuals requesting admission as well as the adoption of policies and procedures that define this process and includes referrals to other services pending placement if not immediately available. The respondents indicated that while they agree that admission screening activities in subrule 24.54(4) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents

stated that without reimbursement, these represent an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 2: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 3: Two respondents commented that subrule 24.54(6) requires that “consultation services shall be provided in accordance with Iowa Code section 230A.106(2)‘f.’” The respondents indicated that while they agree that consultation services activities in subrule 24.54(6) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents stated that without reimbursement, these represent an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 3: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 4: Two respondents commented that subrule 24.54(7) requires that “education services shall be provided in accordance with Iowa Code section 230A.106(2)‘g.’” The respondents indicated that while they agree that education services activities in subrule 24.54(7) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents stated that without reimbursement, these represent an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 4: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 5: Two respondents commented that subrule 24.54(8) regarding coordination with unaffiliated agencies requires that “coordination shall be provided in accordance with Iowa Code section 230A.106(3).” The respondents indicated that while they agree that these coordination activities in subrule 24.54(8) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents stated that without reimbursement, these represent an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 5: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Adoption of Rule Making

This rule making was adopted by the Mental Health and Disability Services Commission on April 21, 2022.

Fiscal Impact

Some CMHCs may have increased expenditures in adding required services, but the extent to which that may occur is unknown. It is possible that, as a result of this rule making, some providers currently designated as CMHCs may not continue to be designated, either by choice or due to inability to meet the CMHC requirements. It is also possible that new providers will apply and be designated for areas of the state currently not served by a CMHC and be allowed to bill using the CMHC fee schedule for fee-for-service clients. Although this could potentially change the amount CMHCs are reimbursed through the Medicaid program, the overall impact is not expected to be significant.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on July 1, 2022.

The following rule-making actions are adopted:

ITEM 1. Amend rule **441—24.1(225C)**, definitions of “Accreditation,” “Commission,” “Community mental health center,” “Deemed status” and “Division,” as follows:

“*Accreditation*” means the decision made by the ~~commission~~ division that the organization has met the applicable standards.

“*Commission*” means the mental health and disability services commission (~~MH/DS~~ MHDS commission) as established and defined in Iowa Code section 225C.5.

“*Community mental health center*” or “*CMHC*” means an organization providing mental health services that is established pursuant to Iowa Code chapters 225C and 230A and accredited in accordance with Division III of this chapter.

“*Deemed status*” means acceptance by the ~~commission~~ division of accreditation or licensure of a program or service by another accrediting body in lieu of accreditation based on review and evaluation by the division.

“*Division*” means the division of ~~behavioral, developmental, and protective services for families, adults, and children~~ mental health and disability services, community, of the department of human services.

ITEM 2. Amend subparagraph **24.3(2)“b”(2)** as follows:

(2) The annual and long-range budgeting process involves appropriate governing and managing levels of leadership and reflects the organization’s mission and values. An independent auditor or other person as provided by law performs an annual financial audit. Designated CMHCs shall submit their annual financial audit to the department.

ITEM 3. Amend paragraph **24.4(14)“b”** as follows:

b. Performance indicators.

(1) Individuals using the service are prepared for their role as partners in the therapeutic process at intake where they define their situations and evaluate those factors that affect their situations.

(2) Individuals using the service establish desired problem resolution at intake during the initial assessment.

(3) Psychiatric services other than psychopharmacological services are available from the organization as needed by the individual using the service.

(4) Psychopharmacological services are available from the organization as needed.

~~(5) Staff document mutually agreed upon treatment goals during or after each session. A distinct service plan document is not required.~~

~~(6) Staff document mutually agreed upon supports and interventions during or after each session. A distinct service plan document is not required.~~

~~(7) Staff document in the progress notes the individual's status at each visit and the reasons for continuing or discontinuing services. A distinct discharge summary document is not required.~~

~~(8) (5) Any assignment of activities to occur between sessions is documented in the following session's documentation.~~

~~(9) (6) Individuals using the service who have a chronic mental illness participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.~~

~~(10) (7) The record documents that the organization follows up on individuals who miss appointments.~~

(8) Treatment planning is based on the assessment.

(9) Individuals using the service participate with the organizational staff in identifying the assessed needs to be addressed.

(10) The treatment plan identifies measurable goals, desired outcomes and time frames for achieving them.

(11) The treatment plan includes interventions and supports to be provided.

(12) Individuals using the service review their progress in resolving problems and achieving goals on a frequent and regular basis with organizational staff. The treatment plan is revised as appropriate to the individual's needs and priorities.

(13) Individuals using the service participate in transition/discharge planning that includes linkages to family, provider, and community resources and services.

(14) Significantly involved others of individuals using the service are involved in the planning and provision of services, as appropriate and as desired by the individual.

ITEM 4. Amend rule 441—24.5(225C) as follows:

441—24.5(225C) Accreditation. The ~~commission~~ division administrator shall make all decisions involving issuance, denial, or revocation of accreditation. This accreditation shall delineate all categories of service the organization is accredited to provide. Although an organization may have more than one facility or service site, the ~~commission~~ division administrator shall issue only one accreditation notice to the organization, except as provided in paragraph 24.5(5)“f.”

24.5(1) Organizations eligible for accreditation. The ~~commission~~ division administrator accredits the following organizations:

- a. Case management providers.
- b. Community mental health centers.
- c. Supported community living providers.
- d. Mental health service providers.
- e. Crisis response providers.

24.5(2) Application and renewal procedures. An applicant for accreditation shall submit Form 470-3005, Application for Accreditation, to the ~~Division of Behavioral, Developmental, and Protective Services~~ Division of Mental Health and Disability Services, Community, Department of Human Services, Fifth Floor, Hoover State Office Building, 1305 East Walnut, Des Moines, Iowa 50319-0114.

a. to c. No change.

24.5(3) Application review. Upon receipt of an application, Form 470-3005, the division shall review the materials submitted to determine whether the application is complete and request any additional material as needed. Survey reviews shall commence only after the organization has submitted all application material.

a. to j. No change.

k. Quality assurance staff shall review and approve the corrective action and improvement plan before making an accreditation recommendation to the ~~commission~~ division administrator.

l. The division shall offer technical assistance to organizations applying for first-time accreditation. Following accreditation, any organization may request technical assistance from the division to bring into conformity those areas found in noncompliance with this chapter's requirements. If multiple deficiencies are noted during a survey, ~~the commission may also require that~~ technical assistance may be provided to an organization, as staff time permits, to assist in implementation of

an organization’s corrective action plan. Renewal applicants may be provided technical assistance as needed, if staff time permits.

24.5(4) Performance outcome determinations. There are three major areas addressed in these standards: policies and procedures, organizational activities, and services, as set forth in rules 441—24.2(225C), 441—24.3(225C), and 441—24.4(225C). Each rule contains standards, with a performance benchmark and performance indicators for each standard. Each of the applicable standards for the three areas (policy and procedures, organizational activities, and services) shall be reviewed.

a. No change.

b. In the overall rating, the performance rating for policy and procedures shall count as 15 percent of the total, organizational activities as 15 percent of the total, and services as 70 percent of the total.

(1) and (2) No change.

(3) Each service has a separate weighting according to the total number of indicators applicable for that service, with a possible score of 70, as follows:

<u>Service</u>	<u>Number of indicators</u>	<u>Value of each indicator</u>
Case management	51 <u>50</u>	1.37 <u>1.4</u>
Day treatment	48 <u>47</u>	1.46 <u>1.49</u>
Intensive psychiatric rehabilitation	51 <u>50</u>	1.37 <u>1.4</u>
Supported community living	45 <u>44</u>	1.55 <u>1.59</u>
Partial hospitalization	48 <u>47</u>	1.46 <u>1.49</u>
Outpatient psychotherapy and counseling	35 <u>38</u>	2.00 <u>1.84</u>
Emergency	8	8.75
Evaluation	4	17.50

c. No change.

24.5(5) Accreditation decisions. The division shall prepare all documents with a final recommendation regarding accreditation to ~~be presented at the commission meeting~~ the division administrator. ~~The division shall mail to all commission members summary reports of the on-site service review or desk review and a final recommendation concerning accreditation on each application to be processed at the next commission meeting.~~

If the ~~commission~~ division administrator approves accreditation, Form 470-3006, Notice of Action-Approval, shall be issued which states the duration of the accreditation and the services that the organization is accredited to provide. If the ~~commission~~ division administrator denies or revokes accreditation, Form 470-3008, Notice of Action-Denial, shall be issued which states the reasons for the denial.

a. *Initial 270-day accreditation.* This type of accreditation may be granted to a new organization. The ~~commission~~ division administrator shall base the accreditation decision on a report by the division that:

- (1) The organization has an approved policies and procedures manual that includes job descriptions.
- (2) Staff assigned to the positions meet the qualifications in the standards and the policies and procedures of the organization.

b. *Three-year accreditation.* An organization or service is eligible for this type of accreditation if it has achieved an 80 percent or higher performance compliance level. The organization may be required to develop and submit a plan of corrective action and improvement that may be monitored either by written report or an on-site review.

c. *One-year accreditation.* An organization is eligible for this type of accreditation when multiple and substantial deficiencies exist in specific areas causing compliance levels with performance benchmarks and indicators to fall between 70 percent and 79 percent, or when previously required corrective action plans have not been implemented or completed. The organization must submit a corrective action plan to correct and improve specific deficiencies and overall levels of functioning.

Quality assurance staff shall monitor this plan through on-site reviews, written reports and the provision of technical assistance.

d. Probational 180-day accreditation. An organization is eligible for probational 180-day accreditation instead of denial when the overall compliance level is from 60 to 69 percent, and pervasive and serious deficiencies exist; or when corrective action plans previously required as a result of a one-year accreditation have not been implemented or completed. The ~~commission~~ division administrator may downgrade organizations with a one-year or three-year accreditation to the probational 180-day accreditation when one or more complaints are founded.

All deficiencies must be corrected by the time of the follow-up on-site survey at the conclusion of the provisional period. After this survey, the organization shall meet the standards for accreditation for a one-year accreditation, or the ~~commission~~ division administrator shall deny accreditation.

e. Add-on service accreditation. When the on-site review of the add-on service results in a score comparable to the overall organization's score at the time of the most recent accreditation, the organization shall have the add-on accreditation date coincide with the overall accreditation date of the organization. If the add-on service on-site review results in a lower score and lower accreditation decision, division staff shall conduct another on-site review for that add-on service when the add-on service accreditation expires.

f. Special terms.

(1) When an organization subcontracts with more than one agency, the length of accreditation shall be determined individually.

(2) The accreditation period for services that have deemed status according to rule 441—24.6(225C) shall coincide with the period awarded by the national accrediting body or the certification for ~~home- and home-~~ and community-based services.

(3) New or add-on services that meet the requirements for accreditation shall receive an initial 270-day accreditation for that individual service. The term of accreditation shall be determined individually. At the time of recertification of the new add-on service, recommendation may be made to coincide with the term of accreditation for the other services of that organization that are accredited by the ~~commission~~ division administrator.

(4) An organization must notify the division when there are changes in its ownership, structure, management, or service delivery.

g. Extensions. The division may grant an extension to the period of accreditation if there has been a delay in the accreditation process that is beyond the control of the organization, or the division, ~~or the commission;~~ or the organization has requested an extension to permit the organization to prepare and obtain approval of a corrective action plan. The division shall establish the length of the extension on a case-by-case basis.

h. Denial of accreditation or revocation. ~~An emergency commission meeting may be called to consider denial or revocation of accreditation.~~

(1) Accreditation shall be denied when there are pervasive and serious deficiencies that put individuals at immediate risk or when the overall compliance level falls to 59 percent or below. Under such circumstances no corrective action report shall be required.

(2) When one or more complaints are received, quality assurance staff shall complete an investigation and submit a report to the ~~commission~~ division administrator. If any of the complaints are substantiated and the ~~commission~~ division administrator determines that there is a pervasive or serious deficiency, the ~~commission~~ division administrator may deny accreditation.

(3) An organization whose accreditation has been denied or revoked shall not be approved for any service for at least six months from the notice of decision denying or revoking accreditation.

(4) If the organization disagrees with any action or failure to act in regard to the notice of decision to deny accreditation to the organization, the organization has the right to appeal in accordance with 441—Chapter 7.

24.5(6) and 24.5(7) No change.

ITEM 5. Amend rule 441—24.6(225C) as follows:

441—24.6(225C) Deemed status (all services). The ~~commission~~ division shall grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the ~~commission~~ division determines the accreditation is for similar services. The ~~commission~~ division may also grant deemed status for supported community living services to organizations that are certified under the Medicaid home- and community-based services (HCBS) ~~mental-retardation~~ intellectual disability waiver.

24.6(1) National accrediting bodies.

a. The national accrediting bodies currently recognized as meeting division criteria for possible deeming are:

- ~~1. (1)~~ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (TJC).
- ~~2. (2)~~ The Commission on Accreditation of Rehabilitation Facilities (CARF).
- ~~3. (3)~~ The Council on Quality and Leadership in Supports for People with Disabilities (The Council).
- ~~4. (4)~~ The Council on Accreditation of Services for Families and Children (COA).

b. The accreditation credentials of these national bodies must specify the type of organization, programs, and services that these bodies accredit and include targeted population groups, if appropriate.

c. Deemed status means that the division is accepting an outside body's review, assessment, and accreditation of an organization's functioning and services. Therefore, the accrediting body doing the review must be assessing categories of organizations and types of programs and services corresponding to those described under this chapter. An organization that has deemed status must adhere to and be accountable for the rules in this chapter.

d. When an organization that is nationally accredited requests deemed status for services not covered by the national body's standards but covered under this chapter, the division shall accredit those services. Division staff shall provide technical assistance to organizations with deemed status as ~~time permits.~~

24.6(2) Application for deemed status.

a. To apply for deemed status, the organization shall submit Form 470-3332, Application and Letter of Agreement, ~~and copies;~~ copy of the latest survey report ~~and;~~ documentation related to any corrective action required; accreditation certificate; documentation of specific programming policies and procedures for populations being served; and credentials for staff providing services to populations served.

b. The division shall not accept an application for deemed status once the division has begun an on-site visit. The organization shall complete the accreditation process.

24.6(3) Requirements for deemed status. To be eligible for deemed status, the organization shall:

a. Be currently accredited:

(1) ~~by~~ By a recognized national accrediting body for services as defined in subrule 24.6(1); or

~~b. (2) Be currently accredited for~~ For supported community living under the Medicaid HCBS ~~mental-retardation~~ intellectual disability waiver pursuant to 441—subrule 77.37(14). If individuals with mental illness are served, the organization must submit verification of the training and ~~credentials~~ experience of the staff to show that its staff can meet the needs of the individuals served.

~~e. Require the supported community living staff to have the same supervisor as the HCBS/MR program.~~

~~d. b.~~ Require staff for the program being deemed to have the necessary training and ~~credentials~~ needed to meet the needs of the person experience to meet the needs of the population served.

~~e. c.~~ Require staff to meet the incident reporting requirements in subrule 24.4(5).

24.6(4) Granting of deemed status. When the ~~commission~~ division grants deemed status, the accreditation period shall coincide with the period awarded by the national accrediting body or the certification for home- and community-based services. However, under no circumstances shall the ~~commission~~ division award accreditation for longer than ~~three~~ five years.

24.6(5) Reservations. When deemed status is granted, the ~~commission and the division~~ reserve division reserves rights to the following:

a. to d. No change.

24.6(6) Continuation of deemed status.

a. No change.

b. HCBS staff shall furnish to the division copies of the letter notifying a provider of a forthcoming recertification for organizations deemed for supported community living under the HCBS ~~mental retardation~~ intellectual disability waiver.

c. and d. No change.

ITEM 6. Amend rule 441—24.7(225C) as follows:

441—24.7(225C) Complaint process (all services). The division shall receive and record complaints by individuals using the services, employees, any interested people, and the public relating to or alleging violations of applicable requirements of the Iowa Code or administrative rules.

24.7(1) Submittal of complaint. The complaint may be ~~delivered personally~~ submitted in person; or by mail to the Division of ~~Behavioral, Developmental, and Protective Services~~ Mental Health and Disability Services, Community, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut, Des Moines, Iowa 50319-0114; electronically through the department's website; by email to division staff; or by telephone ~~(515)281-5874~~.

a. The division shall assist individuals in making a complaint as needed or requested.

b. The information received should specifically state the basis of the complaint. The division shall keep the name of the complainant confidential to the extent allowed by law.

24.7(2) Review of complaint. Upon receipt of a complaint, the division shall make a preliminary desk review of the complaint to determine an appropriate response. That response may include notifying the person who submitted the complaint that there is no basis for a review, referring the complaint to another investigative body, or making a determination to do a full investigation. The complainant may submit a written request for a report of the findings and actions taken by the division as a result of the complaint.

24.7(3) Investigation of complaint. If the division concludes that the complaint is reasonable, has merit, and is based on a violation of rules in this chapter, it may make an investigation of the organization. The division may investigate complaints by an office desk audit or by an on-site investigation. The division shall give priority for on-site investigations to instances when individuals using the service are in immediate jeopardy.

a. If a decision is made to conduct an on-site investigation, the on-site review does not require advance notice to the organization. The division shall notify the chief executive officer and board chairperson of the organization involved before or at the commencement of the on-site investigation that the division has received a complaint.

b. The division shall give the organization an opportunity to informally present a position regarding allegations in the complaint. The organization may submit the position in writing within five working days following the on-site visit or present it in a personal conference with division staff.

c. The division shall submit a written report by certified mail to the chief ~~administrative~~ executive officer of the organization and the chairperson of the board of directors within 20 working days after completion of the investigation.

d. The report shall indicate whether the complaint was or was not substantiated, the basis for the substantiation or nonsubstantiation; decision and the specific rules violated, and a recommendation for corrective action with time lines specified in the report.

e. If the complaint is substantiated, the division may take actions deemed appropriate, which may include requiring a corrective action plan, shortening the term of accreditation or suspending or revoking an organization's accreditation, depending on the severity of the substantiated complaint.

f. When the division suspends, shortens or revokes an organization's accreditation as the result of a substantiated complaint, the organization will be notified by certified mail of the findings and actions taken by the division.

e. g. The date of delivery shown by the certified mail stub shall constitute the date of official notice.

~~24.7(4) Review by commission.~~ When individuals receiving services are in immediate jeopardy, the commission may call an emergency meeting to make a decision on possible revocation or denial of accreditation.

~~a.~~ To the extent allowed by Iowa Code section 21.5, the commission may review the complaint and investigation report in a closed meeting. The action taken by the commission shall be voted upon in the reconvened public meeting and entered into the official record of commission minutes.

~~b.~~ If the complaint is substantiated, the commission make take actions deemed appropriate, which may include shortening the term of accreditation, requiring a corrective action plan, or suspending or revoking an organization's accreditation, depending on the severity of the substantiated complaint.

~~c.~~ The division shall inform the complainant and the organization by certified mail of the findings and actions taken by the commission. The date of delivery shown by the certified mail stub shall constitute the date of official notice.

~~24.7(5) 24.7(4) Corrective action plan.~~ When the ~~commission~~ division acts to suspend or revoke accreditation, there will be no corrective action plan. In other instances, if the complaint is substantiated, the organization shall submit a corrective action plan to the division within 20 calendar days after receiving the ~~commission's~~ division's decision. This plan must respond to violations cited and ~~commission~~ the division's requirements and include time lines, internal monitoring systems, and performance improvement planning.

Failure of the organization to respond within 20 calendar days with an acceptable corrective action plan that addresses the organization's plan of correction following a substantiated investigation or complaint may of itself constitute the basis for revocation or suspension of accreditation. The ~~commission~~ division shall determine the appropriate action based on the information submitted. The division shall notify the organization in writing of any action ~~the commission takes~~ taken.

ITEM 7. Amend rule ~~441—24.40(225C)~~, implementation sentence, as follows:

These rules are intended to implement Iowa Code ~~section~~ sections 331.397 and 2014 Iowa Acts, House File 2379 225C.19A and chapter 230A.

ITEM 8. Reserve rules ~~441—24.41~~ to ~~441—24.49~~.

ITEM 9. Adopt the following new 441—Chapter 24 Division III heading:

DIVISION III
COMMUNITY MENTAL HEALTH CENTERS

ITEM 10. Adopt the following new 441—Chapter 24 Division III preamble:

PREAMBLE

The department of human services in consultation with the mental health and disability services commission has established this set of standards to be met by all designated community mental health centers (CMHCs). CMHCs are to provide an organized set of services to adequately meet the mental health needs of individuals in their catchment area. It is the department's responsibility to designate at least one community mental health center for addressing the mental health needs of the county or counties comprising a catchment area in accordance with Iowa Code chapter 230A.

ITEM 11. Adopt the following new rules 441—24.50(230A) to 441—24.55(230A):

441—24.50(230A) Definitions.

“*Catchment area*” means the same as defined in Iowa Code section 230A.102(2).

“*Community mental health center self-assessment*” means the form completed and submitted to the department by a new organization as part of the initial application to be designated as a CMHC. Designated CMHCs complete the form annually and submit it to the department as part of the accreditation and CMHC monitoring process.

“*Community support services*” or “*CSS*” means services that support individuals with a mental illness and functional impairment to live and work in the community of their choice through assisting with:

1. Monitoring of mental health symptoms and functioning/reality orientation;

2. Transportation;
3. Supportive relationship;
4. Communication with other providers;
5. Ensuring individual attends appointments/obtains medications;
6. Crisis intervention/developing crisis plan; and
7. Coordination and development of natural support systems for mental health support.

“*Functional impairment*,” for the purpose of this division, means difficulties that substantially interfere with or limit functioning in one or more major life activities, such as basic daily living (including but not limited to eating, bathing, dressing); instrumental living skills (including but not limited to maintaining a household, managing money, community involvement, taking prescribed medication); and functioning in social, family and vocational/educational contexts.

“*Psychosocial rehabilitation services*” means services that promote recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychosocial rehabilitation services are collaborative, person-directed and individualized. The service focuses on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

“*Target population*” means the same as defined in Iowa Code section 230A.105.

441—24.51(230A) Community mental health center designation.

24.51(1) Application. An organization seeking designation as a community mental health center or a designated community mental health center seeking to expand its designated catchment area shall submit the following to the department:

- a. Form 470-3005, Accreditation Application, if requesting accreditation for a CMHC core service(s) other than outpatient psychotherapy and evaluation.
- b. Form 470-5691, Community Mental Health Center Designation, signed by the organization’s chief executive officer and the chairperson of the governing body.
- c. Form 470-5692, Community Mental Health Center Self-Assessment.

24.51(2) Exceptional circumstances. Designation for more than one CMHC in a county shall require a determination of exceptional circumstances by the department.

a. Applicants requesting designation for a county that is part of another CMHC’s catchment area shall submit information supporting their designation request including, but not limited to, the following:

- (1) Evidence that the target population does not have access to the required core services with minimal or no service denials.
- (2) Ability to staff core services within the capacity of the catchment area’s workforce.
- (3) Mental health and disability services (MHDS) region(s) letter of support that includes the catchment area’s ability to financially support more than one CMHC.
- (4) Notification to the existing CMHC of intention to apply for designation.
- (5) Evidence of collaboration and coordination with existing CMHC.

b. Paragraph 24.51(2)“a” and numbered paragraph “2” in rule 441—24.52(230A) do not apply to CMHCs designated as described in Iowa Code section 230A.104(2)“c.”

24.51(3) Designation. The department shall review information submitted by the applicant in accordance with subrule 24.51(1), subrule 24.51(2), and paragraph 24.51(3)“a” as well as input from MHDS regions, neighboring CMHCs, and mental health service providers to determine if there will be a recommendation for designation. Recommendations for designation shall be submitted by the department to the MHDS commission for approval.

- a. Applicants shall submit the following:
 - (1) MHDS region(s) letter of support.
 - (2) Evidence of active three-year accreditation for outpatient and evaluation services under this chapter.
 - (3) Formal agreement with appropriately accredited provider if the applicant is not directly providing the service for the following:

1. Day treatment, partial hospitalization, or psychosocial rehabilitation services, and
2. Emergency or 24-hour crisis response.
- (4) Form 470-5692, Community Mental Health Center Self-Assessment, that demonstrates the applicant's ability to:
 1. Provide core services in accordance with rule 441—24.54(230A).
 2. Meet service access standards according to 441—subparagraph 25.4(2)“a”(1) and 441—paragraphs 25.4(3)“a” and “c.”
 3. Serve all ages of the target population with minimal to no service denials.
 4. Make referrals for services provided outside the organization.
- b. The department shall notify the applicant in writing of the result of the review. If the department recommends designation, the applicant shall attend the MHDS commission meeting at which the department presents the request to the commission.
- c. CMHCs designated in accordance with Iowa Code chapter 230A prior to January 1, 2021, or designated as a CMHC by a county prior to October 1, 2010, will maintain their designation provided they meet the requirements set forth in rule 441—24.55(230A).
- d. Non-CMHC agencies designated as described in Iowa Code section 230A.107(2) may apply to be designated as a CMHC. The organization shall submit all required application materials in this subrule at least six months prior to the expiration of the organization's current accreditation under this chapter.

24.51(4) *Withdrawal of designation.* Community mental health centers seeking to withdraw their designation for part or all of their catchment area shall submit to the department Form 470-5691, Community Mental Health Center Designation, signed by the organization's chief executive officer and the chairperson of the governing body. The form shall include:

- a. Current catchment area and catchment area requesting withdrawal of designation.
- b. Reason for withdrawal request.
- c. Date withdrawal is to occur.
- d. Continuity of care plan including but not limited to communication and coordination with:
 - (1) Individuals served.
 - (2) Community mental health centers and mental health service providers serving neighboring and current catchment area.
 - (3) MHDS region(s).
 - (4) General public.

24.51(5) *Agreement.* The board of directors of a designated CMHC shall enter into an agreement with the department in accordance with Iowa Code section 230A.103(3).

24.51(6) *Appeal procedure.* An appeal to a designation determination may be filed in accordance with rule 441—24.8(225C).

24.51(7) *Exception to policy.* Requests for exceptions to policy shall be submitted in accordance with rule 441—24.9(225C).

24.51(8) *Denial of designation or revocation.* The department may deny or revoke the provider's designation at any time for any of the following reasons:

- a. The provider has failed to provide information requested pursuant to subrule 24.51(1).
- b. The provider does not meet criteria pursuant to subrule 24.51(3).
- c. The provider refuses to allow the department to conduct a site visit pursuant to subrule 24.5(3).
- d. The provider has failed to implement the corrective actions submitted and approved by the department pursuant to subrule 24.55(2).
- e. The provider's accreditation was discontinued or revoked pursuant to paragraph 24.5(5)“h.”

441—24.52(230A) Standards for policies and procedures. Policies and procedures manuals shall include policy guidelines and administrative procedures for:

1. Core services and supports,
2. Serving the target population with minimal to no service denials,
3. Addressing the standards in rule 441—24.2(225), and

4. Ensuring an individual's ability to access services regardless of ability to pay. The CMHC shall assist individuals with applying for health insurance and MHDS regional assistance when necessary to ensure access to services.

441—24.53(230A) Standards for organizational activities. The organization shall meet all requirements in rule 441—24.3(225C) and the standards identified in this rule.

24.53(1) A CMHC organized as a nonprofit corporation shall be governed by a board of directors consistent with the requirements identified in Iowa Code section 230A.110(3) "b."

24.53(2) A CMHC organized as a for-profit corporation shall have a policy structure that incorporates the representation identified in Iowa Code section 230A.110(3) "b."

441—24.54(230A) Standards for core services and supports.

24.54(1) Outpatient services. Outpatient services include outpatient psychotherapy and counseling services and evaluation. These services are to be provided directly by the CMHC.

a. Outpatient psychotherapy and counseling services shall be provided in accordance with subrule 24.4(14) and shall include treatment modalities and evidence-based practices for children, adults, older adults, individuals with co-occurring conditions, and individuals discharged from inpatient settings. Clinical eligibility is determined at the time of initial assessment and annually thereafter in accordance with subrule 24.4(2).

b. Evaluation services shall be provided in accordance with subrule 24.4(16).

24.54(2) Twenty-four-hour emergency services. The organization shall provide or enter into a formal agreement with an accredited provider for at least one of the following:

a. Emergency services provided in accordance with subrule 24.4(15).

b. Twenty-four-hour crisis response provided in accordance with rule 441—24.33(225C).

24.54(3) Day treatment, partial hospitalization, or psychosocial rehabilitation services. The organization shall provide or enter into a formal agreement with an accredited provider for at least one of the following:

a. Day treatment provided in accordance with subrule 24.4(10), or

b. Partial hospitalization provided in accordance with subrule 24.4(13), or

c. Psychosocial rehabilitation services. This shall include at least one of the following:

(1) Assertive community treatment (ACT) provided in accordance with 441—subrule 25.6(2) and rule 441—77.38(249A).

(2) Intensive psychiatric rehabilitation services provided in accordance with subrule 24.4(11).

24.54(4) Admission screening for voluntary patients to a state mental health institute.

a. Screening and evaluation shall be made available to individuals requesting admission to a state mental health institute.

b. The organization shall have policies and procedures that define the process to assist an individual seeking voluntary admission to a state mental health institute and to refer the individual to other services if treatment at the mental health institute is not immediately available.

24.54(5) Community support services (CSS). The purpose of CSS is to support individuals as they live and work in the community and address mental health symptoms and functional impairments that negatively affect integration and stability in the community.

a. *Performance benchmark.*

(1) Qualified staff provide CSS.

(2) CSS is provided to individuals in the target population with a mental illness and functional impairment.

b. *Performance indicators.*

(1) The following staff qualifications shall be met:

1. Have knowledge and experience in working with the target population.

2. Have the ability to create relationships with the individuals served that balance support of the mental illness and the need to allow for maximum individual independence.

3. Have a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field, including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

4. Complete a minimum of 12 hours of training within the first year of employment and annually in mental health conditions, including but not limited to the following topics:

- Mental health diagnoses, symptomology, and treatment;
- Crisis management, intervention, and de-escalation;
- Psychiatric medications, common medications, and potential side effects;
- Other diagnoses or conditions present in the population served; and
- Individual person-centered service plan, crisis plan, and behavioral support plan implementation.

(2) The following service components are provided:

1. Monitoring of mental health symptoms and functioning/reality orientation.
2. Transportation.
3. Supportive relationship.
4. Communication with other providers.
5. Ensuring individuals attend appointments and obtain medications.
6. Crisis intervention and developing a crisis plan.
7. Coordination and development of natural support systems for mental health support.

24.54(6) Consultation services. Consultation services shall be provided in accordance with Iowa Code section 230A.106(2) "f."

24.54(7) Education services. Education services shall be provided in accordance with Iowa Code section 230A.106(2) "g."

24.54(8) Coordination with unaffiliated agencies. Coordination shall be provided in accordance with Iowa Code section 230A.106(3).

441—24.55(230A) Accreditation of community mental health centers.

24.55(1) The provider shall be accredited as a provider of outpatient psychotherapy and counseling pursuant to subrule 24.4(14) and evaluation pursuant to subrule 24.4(16) and meet the standards of rule 441—24.3(225C).

24.55(2) The provider shall meet the standards in rules 441—24.52(230A), 441—24.53(230A), and 441—24.54(230A). Corrective action is required when any indicator under community mental health designation standards is not met.

24.55(3) The provider shall annually submit Form 470-5692, Community Mental Health Center Self-Assessment, to the department.

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